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CONFIRMATION NO. 8771

SERIAL NUMBER 10/532,295	FILING OR 371(c) DATE 02/17/2006 RULE	CLASS 514	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. 24492-011 NATL
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US03/33595 10/22/2003 which claims benefit of 60/420,187 10/22/2002 and claims benefit of 60/420,399 10/22/2002 \*  
 and claims benefit of 60/428,100 11/21/2002 \*  
 and claims benefit of 60/428,562 11/22/2002 \*

(\* )Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* SMALL ENTITY \*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

**ADDRESS**

30623

**TITLE**

Treatment of diabetes

FILING FEE RECEIVED 365	FEEs: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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